

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → Approved for use through 10/31/2002. OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	P10/054,498
		Filing Date	January 22,2002
		First Named Inventor	WELSH, J. et al.
		Group Art Unit	1642
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	P0026US20

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Timothy L. Smith, Reg. No. 35,367
Signature	
Date	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being transmitted by facsimile to the US Patent and Trademark Office, Fax No. 703-305-9822 on this date: May 13, 2002

Typed or printed name	Ofelia Rosado		
Signature	<i>Ofelia Rosado</i>	Date	5/13/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



**GENOMICS INSTITUTE F THE
N VARTIS RESEARCH
F UNDATION**

**FAX
COVER SHEET**

Date: 5/13/02

Number of pages with cover: 4

TO: US Patent and Trademark Office
Office of Initial Patent Examination

FROM: Timothy L. Smith, Esq.

Phone:

Phone: (858) 812-1547

Fax Phone: (703) 305-9822

Fax Phone: (858) 812-1981

CC:

RE: Application No. 10/054,498, filed 01/22/02
Attorney Docket No. P0026US20